

Fireproof
 0007/0020

| ACORD CERTIFICATE OF LIABILITY INSURANCE | | | | | | DATE (MM/DD/YY) 9/29/05 | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------|-----------|
| PRODUCER Acordle of WV-Beckley 41 Eagles Road Beckley WV 25801 (304) 252-6375 | | | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | |
| INSURED Hidden Splendor Resources, Inc./ Mid State Services, Inc. Horizon Mine 27 W 200 South, Suite 400 Salt Lake City, UT 84104 | | | | COMPANIES AFFORDING COVERAGE COMPANY A Lexington Insurance Company COMPANY B National Union Fire Ins Co COMPANY C COMPANY D | | | |
| COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | |
| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | |
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Includes Blasting | | 9/30/05 | 9/30/06 | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | | | | PRODUCTS-COMP/OP AGG | \$ | 2,000,000 |
| | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) | \$ | |
| | | | | | MED EXP (Any one person) | \$ | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT | \$ | |
| | | | | | BODILY INJURY (Per person) | \$ | |
| | | | | | BODILY INJURY (Per accident) | \$ | |
| | | | | | PROPERTY DAMAGE | \$ | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ | |
| | | | | | OTHER THAN AUTO ONLY: | \$ | |
| | | | | | EACH ACCIDENT | \$ | |
| | | | | | AGGREGATE | \$ | |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE | \$ | |
| | | | | | AGGREGATE | \$ | |
| | | | | | \$ | \$ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | 9/30/05 | 9/30/06 | WC STATUTORY LIMITS | \$ | |
| | | | | | EL EACH ACCIDENT | \$ | 1,000,000 |
| | | | | | EL DISEASE-POLICY LIMIT | \$ | 1,000,000 |
| | | | | | EL DISEASE-EA EMPLOYEE | \$ | 1,000,000 |
| | OTHER | | | | | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Utah Division of Oil, Gas and Mining As Additional Insured General Liability Coverage With Respects to Horizon Mine Permit #ACT/007/020 | | | | | | | |
| CERTIFICATE HOLDER Utah Division of Oil, Gas and Mining 1554 W North Temple Suite 1210 Salt Lake City, UT 84114-5801 | | | | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDORSE MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, AUTHORIZED REPRESENTATIVE Adam Rehrig | | | |